

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526195

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	4	↓		↓		↓	
TOTAL DEP.	19	↑		↑		↑	
TOTAL CLAIMS	23	██████████		██████████		██████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
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TOTAL IND.		↓		↓		↓	
TOTAL DEP.		↑		↑		↑	
TOTAL CLAIMS		██████████		██████████		██████████	